

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSD		11/11/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	Cew	04830	12-26

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	1
Original	1
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Claim	Date
Final	51
Original	51
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Claim	Date
Final	101
Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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